CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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GIG BEACH, CALIF

Please type or print in ink.	11	MARIE AM O- no
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Andrews	Dee	
1. Office, Agency, or Court		
Agency Name		PR
City Officials - City Council		
Division, Board, Department, District, if applicable	Your Position	二 コン
	Councilmember - 6th District	
▶ If filing for multiple positions, list below or on an attachment.		S C S C S C S C S C S C S C S C S C S C
Agency:	Position:	그 우극
		12 = A
2. Jurisdiction of Office (Check at least one box)	[Industrial Later Makes	2 1
☐ State	☐ Judge (Statewide Jurisdiction)	6 401
Multi-County	•	
⊠ City of Long Beach	Other	
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2010, through December 2010	ber 31, Leaving Office: Date Left/ (Check one)	
The period covered is/, through Decemb 2010.	·	2010, through the date of
Assuming Office: Date/	The period covered is/ of leaving office.	, through the date
Candidate: Election Year Office sought,	if different than Part 1:	
4. Schedule Summary		
Check applicable schedules or "None."	► Total number of pages including this cover pages	age:3
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Po	
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule atta	
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Paym	
-or-		
None - No reportable interests on any schedule		
5. Verification		
Z TMINIMANI		
r certify under penalty or perjury under the laws or the State or Ca	antornia triat	
λ I		
Date Signed	Signature	
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Pa	4 - t 0	
	ge 1 of 3	

SCHEDULE D Income - Gifts

Dee Andrews

► NAME OF SOURCE	► NAME OF SOURCE	
Long Beach Convention Center	Aquarium of the Pacific	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
300 Ocean Blvd, LB 90802	100 Aquarium Way, LB 90802	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
	Gave tickets away throughout community	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
03 00 10 15 00 ca tickets to boat show	05 24 10 10 00 ca 12 tickets	
03,09,10 _{\$} 15.00 ea	05 / 24 / 10 s 10.00 ea	
	/ \$	
NAME OF SOURCE	NAME OF SOURCE	
Rainbow Productions - LB Bayou Festival	Long Beach Fire Department	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
3505 Long Beach Blvd # 2G, LB 90807	Long Beach	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
	DESCRIPTION OF OUT (9)	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 4 tickets-Mardi Gras festival	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
06 / 26 / 10 s 65.00 ea	06 , 30 , 10 s 10.00 ea 4 tickets to fireworks	
\$		
1		
► NAME OF SOURCE	NAME OF SOURCE	
Rainbow Productions - Jazz Festival	Ken Phebus Entertainment	
ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable)		
3505 Long Beach Blvd # 2G, LB 90807	07 kphebus@kenphebus.com	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
2 tickets to jazz festival	0 8 , 18, 10 s 130.00ea 3 tickets to concert	
08 / 13 / 10 s 155.00ea	08, 18, 10 \$ 130.00ea	
		
1 1 \$		
	· · · · · · · · · · · · · · · · · · ·	
***D	II real of construction	
***Received Gary DeLong's and Suja Lowentha	is tickets from them. Airban tromstrons.	
		

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Dee Andrews

NAME OF SOURCE	► NAME OF SOURCE	
CSULB - Blues FESTIVAL	BP - Women's Conference	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
1331 Palo Verde Ave, LB 90840	Carson	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Gave tickets away in the community	Gave ticket away	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
09 , 04 , 10	10 , 08 , 10	
	\$	
► NAME OF SOURCE	► NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
► NAME OF SOURCE	► NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
	\$	
\$	\$	
\$	\$	
Comments:		
Comments.		